

Director's Signature: \_\_\_\_\_

Program / Area: Drug Analysis Lab Boston, Page 1 of 1

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

Supervisors must initial the timesheet at the end of the week to confirm COM or OT hours for their staff.

Week Ending: \_\_\_\_\_

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Salemi, Charles	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Stephen Ridley	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Supervisor Initials (for COM and OT approval)	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Supervisor Initials (for COM and OT approval)	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
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Employee Signature	Day: In - Out														
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Supervisor Initials (for COM and OT approval)	Day: In - Out														
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